

Need/Coordination 2015

1. Explain how the project fills a gap that cannot be provided through other means and how a significant gap will exist in the local service area if the project does not receive Homeless Crisis Response Program funding.

Providers throughout the five counties in Region 5 work collaboratively to identify appropriate placement for those seeking emergency shelter and explore housing options aligned with their needs at the time a housing crisis arises. Whenever possible, it is in the interest of those served as well as the overall continuum of care to avert or reduce shelter stays. Such an approach provides a faster return to normalcy for those experiencing a short-term crisis and ensures that beds are available for those most in need. Rapid re-housing funds can avert or shorten shelter stays for those households who are able to demonstrate the capacity to achieve stability within a 3-6 month period. This funding provides an important mechanism to expedite permanent housing placement. Other housing options available in the community may require several additional weeks to complete even though expedited procedures have been put in place.

Unfortunately, there are many in our communities who lack income and for whom a greater challenge exists in the quest for stability. Region 5 is committed to reducing barriers for this population and is exploring ways to make all resources including rapid rehousing funds more accessible. Partners are exploring ways to make processes more accessible and flexible to accommodate individual needs as well as pursuing innovative approaches to community engagement of landlords to increase the pool of housing available to those we serve.

In the meantime, however, subsidized housing, the best option for homeless persons with extremely low incomes, often has waiting lists that result in delays far longer than the maximum length of a shelter stay. Homelessness prevention funds allow providers in Region 5 to address that gap and ensure housing stability is maintained.

Ashtabula County

New Hope, a program of the **Ashtabula Community Housing Development**

Organization, received 49 housing assistance inquiries of which 37 qualified but no funding existed to assist them in the period from January to the end of May 2015. Because the agency is out of funds for this program year, it is no longer taking applications. New Hope is designed as a cross between Transitional Housing and Short-term Rapid Re-housing in that it provides a slightly longer timeframe for households to get back on their feet and provides support to move them forward. Since New Hope seeks to assist those with more barriers to become self-sufficient and stabilize their housing situation, finding a housing option more suited for success is important. This shows need for the emergency shelter and short-term rapid re-housing while seeking safe, affordable permanent housing.

Ashtabula County has one homeless shelter with 13 beds and a transitional housing unit, Beatitude House – House of Blessing. When these units are full, there are few other options for homeless individuals; thus the need for referring to other entities within the region or even outside of the region. However, transportation becomes a significant barrier as there is limited bus transportation available in and out of the County.

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In an effort to reduce the amount of time in shelters, many social service agencies of the County (including homeless prevention/rapid re-housing providers, community mental health providers, Job and Family Services, Metropolitan Housing Authority) meet monthly, as a group, with individuals & families currently or previously residing in a shelter. This is a triage effort to determine a plan of action to quickly re-house and stabilize homeless residents.

Catholic Charities of Ashtabula County continues to see an increase in the homeless number of individuals and families visiting the agency. When the only homeless shelter is full, it is difficult to find immediate housing for the homeless. Even if they are eligible for rapid re-housing funding, affordable housing must first be secured. CPD Maps indicate that there are 3,080 households in the county which fall below 30% of AMI. Of those families with income below the federal poverty level, 62.57% are renters. There are approximately 1,015 affordable rental units available for those households with income below 30% AMI; thus, a huge disparity exists between need and availability. The latest census data reports that more than 56% of Ashtabula renters pay more than 30% of their income in gross rent.

In an effort to be more available at clients' time of need, Catholic Charities has gone to a walk-in process for those requesting help with basic needs. The Agency meets with approximately 200 households per month. While that number includes all basic needs, a significant amount has indicated some type of housing crisis. This high volume of clients means that both the HCRP funds and other agency funding will be exhausted prior to the end of the contracts.

Catholic Charities utilizes the HCRP funds to try to quickly house individuals and provide case management to ensure stabilization. From other funding sources, Catholic Charities is also able to provide for limited motel stays, transportation, food, clothing and household items, representative payeeship, financial literacy education, as well as information and referrals to other appropriate services.

Geauga County

Within Geauga County, there are limited options available for homeless individuals. In 2012, there were 20 adults and 13 children listed on the point in time survey as homeless. Geauga County does not currently have a homeless shelter and there is one domestic violence shelter to meet the needs of homeless individuals.

Without Homeless Crisis Response Program funding, those individuals residing in the emergency shelter would be forced to remain in shelter for longer periods of time. This funding provides not only rental assistance, but staffing positions to allow for the gathering of appropriate donations to furnish new housing and ongoing case management services to assist in stabilizing families in their new homes. Families who have experienced trauma tend to have significant barriers to housing, including financial issues and the lack of available social supports. WomenSafe fills gap by providing staff to assist with financial needs and assisting individuals in developing a support system that allows for long-term housing stability.

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Once individuals are identified as homeless, there are significant barriers to obtaining housing. Within the county, only 14.3% of the available housing is classified as rental households and the required median income is estimated at \$751 per month for a two bedroom apartment. This causes a significant shortage of affordable housing options within the county for low-income homeless persons.

WomenSafe fills this gap by providing emergency shelter services for survivors of domestic violence. Survivors are able to reside at the emergency shelter until affordable housing can be located. It is anticipated that the funding will reduce the length of stay in the domestic violence shelter by allowing persons served to obtain stable housing faster since low-income clients will be able to access rental assistance to immediately move into their new housing rather than remaining in emergency shelter while they attempt to obtain these funds. With the support of aftercare services, the number of repeat incidences of persons seeking shelter due to domestic violence and becoming homeless once again will be reduced as they will have a person responsible for assisting them while they are in their new homes.

Lake County

Lake County's Community Action Agency, **Lifeline, Inc.**, manages a number of programs designed to help its clients achieve housing stability and eliminate barriers to self-sufficiency. In Lake County housing options are very limited for those individuals and families whose income falls below 30% of the Area Median Income (AMI). Based on 2011-2013 federal data, our county has 799 rental units that would be considered affordable for households below 30% of AMI. Total households in the extremely low income category number 5,125. "Housing problem" data from the American Community Survey identifies 3,573 renter households in this income category that are looking to rent these units, a nearly 5:1 ratio. Additionally, Lake County's fair market rents are the highest of the five counties included in BOSCO Region 5.

Based on this data we know that the housing situation in Lake County is very difficult for our lowest income residents. For those households exiting our emergency shelters, the prospects would be very dim without the financial assistance Lifeline, Inc. is able to provide as a result of HCRP funds. Rapid rehousing funds are used to provide security deposit and utility deposit/arrears assistance, rental assistance and case management services to our literally homeless population. Although we are only able to provide a few months of assistance, that money helps tremendously to stabilize our neediest households. Without this funding, the homeless would need to stay significantly longer in the shelters. In 2014, Lifeline housed 29 households (52 individuals) using HCRP funds. All of these individuals were shelter guests exiting either Project Hope for the Homeless (an emergency shelter) or Forbes House (a domestic violence shelter).

Additionally, for those clients needing more support than rapid rehousing can provide, having the Lifeline Transitional Housing program – while very small with resources for only 3 households – fills a very critical niche for our most seriously challenged homeless households. Being able to provide them with a few additional months of financial and case

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management support can make the difference between a household becoming self-sufficient and an unfortunate return to homelessness.

Portage County

Family & Community Services, Inc. (FCS) is unique in that many housing programs fall within the agency's service array. This includes hotel vouchers, emergency shelter (including a domestic violence shelter), homeless prevention/rapid re-housing assistance, transitional housing and permanent supportive housing. Target populations served include victims of domestic violence, veterans, persons with mental illness and/or substance abuse issues, and youth aging out of foster care, as well as the general homeless population.

All key FCS housing staff members (including the agency's HMIS administrator) attend monthly internal Housing Team meetings, which also include representatives from Coleman Professional Services' residential program. This meeting provides a forum to explore ways the programs can work more effectively to coordinate services and reduce the length of time a household is homeless. HCRP funding represents a critical resource in this community that can be brought to bear to support this goal.

From January through June 2015, HCRP funds assisted 16 households (1 family and 15 single adults). Nine of these households were moved directly from the agency's shelters to permanent housing. As service support is strengthened, households can be diverted from shelter entry through service coordination or by establishing new housing through prevention funds. For literally homeless households able to demonstrate the capacity to achieve stability within a 3-6 month period, rapid re-housing funds are essential to shorten shelter stays. HCRP funding provides an important mechanism to expedite permanent housing placement, and fills a critical gap in the county's housing services. Other housing options for literally homeless households often require several additional weeks to gain access.

Within Portage County there are a limited number of homeless shelter and domestic violence shelter beds. For example, there are 22 beds in Miller Community House emergency shelter and it is typically at full capacity. Each shelter has a certain number of days a person can stay within each shelter.

Coleman Professional Services assists with locating stable housing through HCRP funds, typically within the time frame given by shelters. On average, if a person is homeless but receiving Social Security, their income is around \$490 per month. The median rent for a one bedroom unit in Portage County can cost \$480-\$550 plus utilities. During this time of locating stable housing, signing a lease and reporting to Social Security of rental payments being made, in hopes of raising their income, people are referred to vocational services and, where appropriate, linked with a case manager to assist connecting people to benefits at Department of Job and Family Services and Portage Metropolitan Housing Authority. People are encouraged to look for employment, to increase their income, to ensure self sufficiency once exiting the program and maintaining their current residence within the community.

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Trumbull County

Humility of Mary Housing/Emmanuel Community Care Center (ECCC) in collaboration with Catholic Charities provides homelessness prevention and rapid re-housing services to homeless persons and those in imminent risk of homelessness in Trumbull County. Individuals and families who are homeless, especially those who are chronically homeless are given priority scheduling when they present for services. Case managers screen individuals to determine homelessness and schedule persons appropriately. Case managers from Catholic Charities also meet with clients at Christy House, the local emergency shelter, and Someplace Safe, the domestic violence shelter to identify those in need of rapid re-housing.

In 2014 the rapid re-housing program assisted 39 individuals in the shelter to find housing. In addition, 1 person leaving transitional housing and 11 people who were living in places not mean for human habitation were placed in permanent housing. There would be no other assistance available for these individuals if HCRP funding was not available. In addition, in 2014 the HCRP homelessness prevention program assisted 112 individuals maintain housing in Trumbull County, including 57 children who were at imminent risk of homelessness.

According to the American Community Survey (2007-2011), approximately 45% of households in Trumbull County below 30% area median income are severely rent burdened. These families spend half their income or more on rent. Any small family emergency can place them at risk of becoming homeless. Rental units in Trumbull County have also increased in cost due to the influx of workers for the shale projects. It can be anticipated that more families will become rent burdened.

Finding affordable housing in Trumbull County has been a challenge. However, recent dialogues with Trumbull Metropolitan Housing have indicated their willingness to be more flexible with the guidelines they have in place in order to house people more appropriately. This will enable us to move those individuals who struggle to pay full rent into subsidized housing where appropriate. Without the HCRP program in Trumbull County, individuals and families would be at greater risk of becoming homeless and those who are homeless are at greater risk of becoming chronically homeless.

As the contract agency for **Trumbull County Mental Health and Recovery Board**, Coleman Professional Services is one of three agencies within Trumbull County that identify the scope of problems vulnerable youth in transition face and is the only agency that provides direct housing services to transitional aged youth aged (18-26 years old) through the HCRP grant. Although there are additional housing systems in place through emergency shelters, public housing and shelter plus care vouchers these options do not provide a full range of services to the transitional youth population. The transitional aged youth have a continuously changing, unstable housing experience and some face difficulties from the moment they become 18 years old.

The Trumbull County emergency shelters continue to have limited space and at times those shelters are not adapted to suit the needs of the transitional youth population. This at times

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leads to transitional aged youth leaving the shelters and living in abandoned homes or in places not meant for human habitation. Many of these vulnerable youth have experienced physical, emotional, mental and/or sexual trauma since a very young age and may be subjected to further trauma while living on the streets. The HCRP grant allows for Coleman Professional Services to provide the required level of care to the homeless transitional aged youth to ensure that housing as well as recovery is at the forefront of their lives while at Washington House.

2. Describe how the applicant participates in the planning work of their Homeless Planning Region. The description must include discussion of the applicant's participation in Homeless Planning Region committees/workgroups, if any. This should include identification of the level of involvement of the applicant and the role they play within each committee/workgroup identified. (INCLUDE COPY OF MINUTES DEMONSTRATING PARTICIPATION)¹

Region 5 planning consists of ensuring that each county in the region has timely information regarding the coordination and implementation of homeless services and programs including HCRP. Our goal is to support our member organizations in providing effective, appropriate services to our region's homeless and at-risk populations. The regional providers meet semi-annually to help ensure communication and service coordination. Additionally the Executive Committee meets several times a year and also participates in conference calls as needed. A website² has been developed to keep housing providers informed of the region's activities.

HIC/PIT Committee

The purpose of this committee is to develop a coordinated regional process to collect homeless data for persons living on the street or other places unfit for habitation, in emergency shelters, or in transitional housing. This data will be collected over a 24-hour period. Our committee will agree on data collection tools and methods, and will identify a process to report this information collectively to COHHIO. In addition, this committee will determine the best method for identifying and updating the housing programs throughout our region and will develop a procedure to report this information to COHHIO when requested.

HMIS Committee

Co-Chaired by Jenn Matlack, Family & Community Services and Kay Shaniuk, Lake County, the goals of the Region 5 HMIS Committee are to:

- Help HMIS users within Region 5 expand their knowledge and understanding of the Service Point 5 system
- Develop a process to monitor HMIS results and key metrics for homelessness prevention, emergency shelter, rapid re-housing, transitional housing and permanent supportive housing programs within the region

¹ Meeting minutes can be found immediately after the Homeless Planning Region Form

² <http://www.ohioboscocregion5.org/meeting-results>

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- Work with housing providers within Region 5 to put in place processes they can use to manage their HMIS data to ensure accurate reports/results

Region 5 partners are active participants in the regional collaborative both at the full meetings and on subcommittees. Some examples of this commitment and involvement include:

Lake County Planning and Community Development (LCPCD), a division of the Board of Lake County Commissioners uses a portion of its direct entitlement allocation of Community Development Block Grant funds from HUD to retain the services of Shaniuk & Associates, LLC. Marian Norman, Program Manager at LCPCD, chairs the local Continuum meetings while providing meeting space. She shares data at various levels of geography, studies and HUD guidance pertinent to the particular demographic to other regional partners.

Kay Shaniuk (Shaniuk & Associates) is the Administrative Consultant for the Lake County Continuum of Care and represents Lake County at the Region 5 level as a member of the Region 5 Executive Team. In 2013 she coordinated the region wide Point-in-Time process and in 2014 she was instrumental in helping Region 5 member agencies understand the new performance plan and metrics, presenting information on the topic at our Region 5 Semi-Annual meeting that took place on June 19, 2014. She also participates on COHHIO's Coordinated Assessment Task Force.

Additionally, Carrie Dotson, Executive Director at Lifeline, Inc. has attended regional meetings regularly and is a very active participant in the Lake County Continuum of Care. Christine Lakomiak, from the Lake County ADAMHS Board, participates on the Region 5 Grant Review team and is a member of COHHIO's Work Group.

Region 5 Meeting
February 25, 2015
Coleman Center, Ravenna Ohio

Meeting was opened at 12:15 PM by Tammy Weaver

Introductions: Tammy weaver

Attendants introduced themselves.

Tammy announced that the state will be sending out the new "Homeless Program Standards" in draft form soon to the regional lead entities. Once received, she will forward them to the County leads to be dispersed to local providers. Attendants were encouraged to review the proposed standards and provide feedback as the standards will establish a framework of expectations for the local programs. She requested attendants pay particular attention to any standards that may negatively affect some of the rural areas in our region, or ones that might be more applicable to urban areas and difficult for rural programs to meet.

HMIS: Sister Jean Orsuto

The Region 5 HMIS data collection forms and a handout on the various HMIS report tools were presented.

Forms: Early last fall HMIS collection forms were updated to capture the data required for the new standards that became effective October 1, 2014. Providers were expected to have all HMIS records updated by January 1, 2015.

HMIS Training: Anyone needing New User Training or additional HMIS training should contact HMIS staff.

Data Quality Reports: Attendants were encouraged to run HMIS ART Reports routinely to monitor accuracy of program reporting. A list of the different ART reports and their description were provided to attendants. Routine monitoring of missing data or data errors will assure accurate reporting on the performance measures used to evaluate and rank programs for future funding.

Provider Question: An attendee asked for clarification regarding the program Entry Date for HCRP participants. The definition of Intake Date, Program Entry Date, and Move-In Date were discussed. Some programs were questioned by the state because the Program Entry Date being used was the same as the Move-In Date. The Entry Date for participants is the date the participant became eligible for the assistance. Participants are only eligible once all eligibility documentation has been provided. Once they enter the program they can then look for housing but it generally will take a number of weeks to acquire housing after program entry.

Region 5 Meeting
February 25, 2015
Coleman Center, Ravenna Ohio

PIT/HIC: Kay Shaniuk

A handout on the Remaining Steps in the HIC/PIT process was presented highlighting important dates:

County level HIC/PIT contact persons identified themselves to the group.

February 6, 2015: County level PIT contacts should have submitted all original Unsheltered Count Forms to Erica at COHHIO.

February 20, 2015: It was expected that the pre-populated Ohio BOSCO the HIC/PIT reporting tools would have been mailed to County level contacts. However, they have not yet been distributed. Once the HIC/PIT tool is released it is expected that providers manually add Point in Time data for non-participating HMIS providers and review the pre-populated data, making corrections where needed. The handout describes specific instructions on making any necessary changes or corrections to the data.

March 6, 2015: Submission deadline to have all additional data added and to make changes and corrections to the HIC/PIT Reporting Tool.

Region 5 HUD Continuum of Care Grant Awards 2014: Tammy Weaver

A handout that outlined the 2014 funding awards for the Region 5 programs was presented and recipients were congratulated.

Tammy spoke briefly about the collaborative application submitted on behalf of Region 5 for approximately 35 Chronically Homeless SPC vouchers which was not funded by HUD. She explained that it was highly competitive and the Region 5 application was up against many larger urban applicants that could better support the need for chronically homeless beds.

HCRP: Tammy Weaver

Region 5 Allocation: \$800,060

Some programs did not request funds for Administrative and HMIS costs. Up to 10% may be used for admin cost and 5% for HMIS. Programs may be able to use unspent funds for these costs.

2015 Funding: Coleman has received the 2015 grant agreement. Monthly spending may need to be reduced due to a funding cut.

2014 Final Performance Report for BOSCO Region 5: Kay Shaniuk

A handout for the 2014 Performance Measures listing Region 5 programs was presented. Performance standards and outcomes were reviewed for the region.

There has been a great deal of improvement in the number of data problems that were showing up on the QPR's in the beginning. Performance standards will continue to be a part of program evaluation for ongoing funding and are increasingly important.

Region 5 Meeting
February 25, 2015
Coleman Center, Ravenna Ohio

Break Out Groups Session I:

HMIS/ HIC/PIT: Kay Shaniuk
Forms/Assessments: Sister Jean Orsuto
Evaluations/ Outcomes: Tammy Weaver/Reba Dykes

Break Out Groups Session II:

Shelters: Kay Shaniuk
Transitional Housing: Sister Jean Orsuto
Permanent Supportive Housing: Reba Dykes
HCRP: Tammy Weaver

Meeting adjourned 2:00 PM

Region 5 Meeting
February 25, 2015
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Meeting adjourned 2:00 PM

Break Out Group: Evaluation/Outcomes

Facilitator: Tammy Weaver

The group was asked to share any issues they were having with performance measures.

Earned Income:

Some projects were having problems with the earned income measures. Program participants were not able to work or had difficulty maintaining work due to the severity of their mental health disability.

Smaller Projects:

Those projects that had a fewer number of vouchers or units reported being adversely affected with negative outcomes when one or two participants left the program and did not meet the goals.

It was suggested that if there are multiple small projects that programs request the grants be combined. This would help with outcomes and would benefit programs by not having multiple operating years and APR deadlines. This would require approval.

Competitive Process:

Group was asked if local CoCs are ranking projects or if everyone is able to apply for funding. Right now it appears everyone is able to apply at the local level but programs are reporting on their project's outcomes to their local Cocs.

The group had a brief discussion about the SSI Benefits Specialist - the problems identified in the operational process.

Break Out Group: Permanent Supportive Housing

Facilitator: Reba Dykes

Members of the group introduced themselves and told the group where they were from and gave a brief description of their projects.

Group members were asked about problems with their programs and the focus of the group was on a discussion of the "**Housing First**" model and some of the problems identified in working with specific populations within the Housing First model.

Group members also shared unique problems associated with project based PSH (vs. scattered site).

Region 5
Break Out Group Summaries

Group 1: Forms and Assessments

- There was some confusion about who should be using the diversion tool and when it should be used.
- Also the people from Lake County said that they were using a less cumbersome Budget form and the group thought that we might take a look at it to see if it could be used by everyone.
- Everyone is waiting for the 2015 Area Median Income information to come out so they can update forms.

Group 2: HCRP

- It is getting more difficult to find affordable appropriate housing for the homeless especially the chronically homeless for several reasons:
 - Rent is not affordable often more than 50% of income
 - Landlords have run into problems with previous HCRP clients and are reluctant to rent to HCRP clients again
 - Clients may have felonies or other barriers that make it so the landlord does not want to rent to them
- Clients who are homeless often have mental health or drug issues are not able to navigate their way to find housing and negotiate with landlords.
- All the shelters in Region V are full most of the time. When homeless person presents it is difficult to get them into a shelter. There is no alternative place to put them.
- We do not have resources to pay for motels and hotels.
- Questions:
 - Is there a role for a navigator to assist people in looking for housing?
 - Is there an opportunity to expand the housing locator role?

HMIS

BOSCOC Region 5 Meeting 2.25.15

It is not only important that HMIS data is complete in the system, but it is very important that the data is accurate. Most of the reports below should be pulled on a monthly basis. It is recommended to have management and direct services staff understand and review the reports for data completeness and quality.

Report Names & Descriptions:

ART REPORTS:

Current Client Report: Gives a list of clients open in the project for the day before.

Current Clients with no Income or Benefits: For projects who wish to know which clients they should be working with to help increase their income or benefits.

Data Quality Reports: Designed to show any missing data or data that seems to be incorrect. It is very important to run these reports **monthly** on each project. They contain multiple sub-reports, each with instructions on how to fix errors the report finds.

Data Quality: Assessments and Entry Exits: Designed to show any missing assessment data or data that seems to be incorrect. Recommended for finding all data quality issues related to program stays (aka "Entry Exits") or assessment data. This report defines "missing" more stringently than the APRs do and checks for the new data elements, both at entry and at exit.

Data Quality: Households and Services: Designed to show incorrect household configurations and, if the agency enters Service Transactions, any problems with that data.

Bed Utilization Report: Gives a total number & percentage of beds used in the project during the last Wednesday of every month for the past 12 months. Shows program is at capacity, under, or over capacity and compares to the previous year's housing inventory chart (HIC). Helps when comparing to the HIC and making adjustments if needed.

HUD COC APR 625: This report has been created for information needed on the HUD CoC APR. A companion ART Gallery Report is the HUD COC APR 625.5. It gives the client IDs for the clients being counted in the 625 report.

Desk Time Report: Shows how long it is taking case managers to enter their clients into HMIS.

Quarterly Performance Report Project Level: The 2015 report is currently being built. Evaluates project outcomes. The outcome data will be needed for COC grant submissions.

SERVICE POINT REPORT (non-ART) Entry/Exit Report: Located in ServicePoint instead of ART. This is useful because it reflects changes to the data in real time, not a day after. Useful for rudimentary counts like number of individuals in the program on a day or in a date range. Not useful for anything to do with households or new data elements or anything very complicated. Users can click the numbers to get which Client IDs are included in each count.

Region 5 INTAKE / HMIS ENTRY FORM

INTAKE DATE (mo/dy/year)

PROGRAM ENTRY DATE

COC LOCATION CODE AT TIME OF ENTRY

		<input type="checkbox"/> BOS OH-507 <input type="checkbox"/> Other
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HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix)

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SOCIAL SECURITY NUMBER

DATE OF BIRTH (e.g., 10/23/1978)

HMIS CLIENT ID # (Head of Household)

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VETERANS STATUS (HOH)

ETHNICITY (HOH)

GENDER (HOH)

<input type="checkbox"/> Did Not Serve in the US Military	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Transgendered female to male
<input type="checkbox"/> Served in the US Military	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Female	<input type="checkbox"/> Transgendered male to female

PRIMARY RACE (HOH) Check All That Apply

<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black / African American (B)	<input type="checkbox"/> Native / Hawaiian/Other Pacific Islander (NH)
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> White (W)	<input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE(s) (please choose from the selection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	Yes No	Yes No	Yes No	Yes No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	Yes No	Yes No	Yes No	Yes No

TYPE OF LIVING SITUATION (please note if adults are living in different living situations)

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths

LENGTH OF STAY IN ABOVE SITUATION (please note if adults have differing answers)

<input type="checkbox"/> 1 day or less	<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> More than 3 months but less than 1 year
<input type="checkbox"/> 2 days to 1 week	<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> 1 year or longer

Answer for Each Adult (Homeless defines as literally homeless)

Name: _____	Name: _____
Continually homeless for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Continually homeless for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months _____	How many times homeless in the past 3 years (includes this episode)? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more If 4 or more episodes, how many total months homeless in the past 3 years? Number of Months _____
How many months continually homeless immediately prior to project entry? Number of Months _____ (Count one month for any length of time during that month.)	How many months continually homeless immediately prior to project entry? Number of Months _____ (Count one month for any length of time during that month.)
Does the participant have documentation of their homelessness status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the participant have documentation of their homelessness status? <input type="checkbox"/> Yes <input type="checkbox"/> No

Rapid Re-Housing Only:

Household Is In Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , Date of Move-In (Month/Day/Year) :
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[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$			* income for a child goes under the adult receiving it*		

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME ? ☐ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Food Stamps - Amount \$		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

[All Household Members] ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☐ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

[Adults Only] INFO NEEDED FOR ADULT MEMBERS EFFECTED BY DOMESTIC VIOLENCE ☐ YES ☐ NO

NAME	EXTENT OF DOMESTIC VIOLENCE
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago
	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago

Region 5 HMIS EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

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PROGRAM EXIT DATE

/	/					HMIS Number	
Month		Day		Year			

REASON FOR LEAVING

<input type="checkbox"/> Completed program	<input type="checkbox"/> Non-compliance with program
<input type="checkbox"/> Criminal activity/violence	<input type="checkbox"/> Non-payment of rent
<input type="checkbox"/> Death	<input type="checkbox"/> Other
<input type="checkbox"/> Disagreement with rules/persons	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Left for housing opp. Before completing program	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Needs could not be met	

DESTINATION AT EXIT

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD or TIP subsidy
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Rental by client with VA housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Other HUD	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Transitional housing for homeless persons including homeless youths
<input type="checkbox"/> No Exit Interview	

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? ☐ YES ☐ NO

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$	
TOTAL MONTHLY HOUSEHOLD INCOME \$					

[Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING NON CASH INCOME ? ☐ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Food Stamps - Amount \$		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Temporary rental assistance			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

[All Household Members] IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? ☐ YES ☐ NO

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	

DISABILITY INFORMATION:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	Yes No	Yes No	Yes No	Yes No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	Yes No	Yes No	Yes No	Yes No

PREVENTION: Housing Assessment at Exit

<input type="checkbox"/>	Able to maintain housing they had at project entry	<input type="checkbox"/>	Moved in with family/friends on a temporary basis
<input type="checkbox"/>	Without a subsidy	<input type="checkbox"/>	Moved in with family/friends on a permanent basis
<input type="checkbox"/>	With subsidy they had at project entry	<input type="checkbox"/>	Moved to transitional /temporary housing facility/program
<input type="checkbox"/>	With an on-going subsidy acquired since project entry	<input type="checkbox"/>	Client became homeless-moving to shelter or other place unfit for habitation
<input type="checkbox"/>	Only with financial assistance other than a subsidy	<input type="checkbox"/>	Client went to jail / prison
<input type="checkbox"/>	Moved to new housing unit	<input type="checkbox"/>	Client is deceased
<input type="checkbox"/>	With an ongoing subsidy	<input type="checkbox"/>	Client refused to answer
<input type="checkbox"/>	Without an ongoing subsidy	<input type="checkbox"/>	Client doesn't know
		<input type="checkbox"/>	Data not collected

Region 5 HMIS Recertification Form (Complete a new form for each scheduled recertification)

Head of Household Name (First, MI, Last):		Recertification Date (m/d/y)		<input type="checkbox"/> 90 Day <input type="checkbox"/> 180 <input type="checkbox"/> 270 <input type="checkbox"/> 1 year				
HOH HMIS #:								
		Added Household Members?: <input type="checkbox"/> No <input type="checkbox"/> Yes <small>if yes, complete below:</small>						
Change in Household Members? Yes No	Name	Social Security Number	DOB	Relationship to Head of Household	Race(s)	Hisp. (y/n)	Gender	Veteran (y/n)
Names of any household members that exited:								
Total Household Income: Income Changed? Yes No Household continues to be income eligible? Yes No	Adults Only INCOME WITHIN THE LAST 30 DAYS Recipient(s) Recipient(s)							
	<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$			
	<input type="checkbox"/> Cash assistance/TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$			
	<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$			
	<input type="checkbox"/> Earned Income	\$		<input type="checkbox"/> VA Service Connected Disability	\$			
	<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> Veteran's Pension	\$			
	<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Worker's Compensation	\$			
	<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$			
	<input type="checkbox"/> Other Sources? Source _____	\$		<input type="checkbox"/> Other Sources? Source _____	\$			
	TOTAL MONTHLY HOUSEHOLD INCOME \$							
Non-Cash Benefits at Recertification: Benefits Changed? Yes No	Adults Only NON-CASH BENEFITS Recipient(s) Recipient(s)							
	<input type="checkbox"/> Food Stamps - Amount \$		<input type="checkbox"/> TANF child care services					
	<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services					
	<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance		<input type="checkbox"/> Other TANF-funded services					
	<input type="checkbox"/> Temporary rental assistance							
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____					
Medical Benefits at Recertification: Benefits Changed? Yes No	HEALTH INSURANCE: ENTER DATA FOR ALL HOUSEHOLD MEMBERS RECEIVING							
	Source		Recipient(s)	Source		Recipient(s)		
	<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance					
	<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA					
	<input type="checkbox"/> State Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Private Pay Health Insurance					
	<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults					

All HH Members Change of Disability Information at Recertification? ☐No ☐Yes If yes, complete below:

NAME	CONDITION	Duration Longer Than 3 Months	Impairs Ability to Live Independently	Documentation of Disability & Severity on File?	Receiving Treatment for this disability?
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	Yes No	Yes No	Yes No	Yes No
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Drug Abuse	Yes No	Yes No	Yes No	Yes No

Change In Domestic Violence Information at Recertification? ☐No ☐Yes If yes, complete below:

NAME	EXTENT OF DOMESTIC VIOLENCE			
	Within past 3 months	Within the past 6-12 months	Within the past 3-6 months	More than 1 year ago
	Within past 3 months	Within the past 6-12 months	Within the past 3-6 months	More than 1 year ago